



GEORGIA STATE BOARD OF OCCUPATIONAL THERAPY

237 Coliseum Drive
Macon, Georgia 31217-3858
(478)207-1620
www.sos.state.ga.us/plb/ot

REFERENCE – PROFESSIONAL

APPLICANT: Please have a certified, licensed or registered Occupational Therapist complete this form. Print your name and indicate the type of license you are seeking.

NAME: _____ (hereinafter applicant), ☐OT ☐OTA

Applicant: Do Not Write Below This Line

PROFESSIONAL REFERENCE: This form must be returned directly to the board at the above address. Do not give the completed form to the applicant. If you are an occupational therapist licensed, certified or registered in another country, please include, on a separate sheet, the name, address, and telephone number of the agency that regulates or oversees the practice of occupational therapy. Please Complete The Following Information and sign below:

Your Name: _____ **Telephone Number:** _____
Address: _____ **City/State/Zip:** _____
NBCOT Number: _____ **License Number:** _____ **State:** _____ **Current?** YES ☐ NO ☐
(Foreign therapist may submit their practice credential)

PLEASE COMPLETE ONE OF THE FOLLOWING STATEMENTS:

STATEMENT FOR OCCUPATIONAL THERAPIST APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
_____ (hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant to be honest, have integrity and be of good moral character and that I have observed the OT applicant, to be competent in the areas of planning, directing, implementing and supervising the evaluation of a client and planning and implementing appropriate occupational therapy programs and that the applicant has competency in Occupational Therapy.

STATEMENT FOR OCCUPATIONAL THERAPY ASSISTANT APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
_____ (hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant, to be competent to assist in the evaluation of a client, in the evaluation and implementation of appropriate occupational therapy programs and to seek instruction/supervision from the supervisor when needed.

I AM UNABLE TO SUBMIT A REFERENCE FOR _____ (Print applicant's Name)

In the State of _____, County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

(SEAL)
Signature of Notary

My commission expires: _____

Reference Signature

Date



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STATEMENT FOR OCCUPATIONAL THERAPIST APPLICANT:

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STATEMENT FOR OCCUPATIONAL THERAPY ASSISTANT APPLICANT:

Under penalty of perjury, I declare and attest that I have direct and actual knowledge of _____
_____ (hereinafter, applicant) and that I have known and observed the applicant within the last 5 years and that based on my direct observations, I find the applicant, to be competent to assist in the evaluation of a client, in the evaluation and implementation of appropriate occupational therapy programs and to seek instruction/supervision from the supervisor when needed.

I AM UNABLE TO SUBMIT A REFERENCE FOR _____ (Print applicant's Name)

In the State of _____, County of _____

Sworn to and subscribed before me this _____ day of _____, 20____.

(SEAL)
Signature of Notary

My commission expires: _____

Reference Signature

Date